

*Shopping for*

# **Individual Health Care Coverage**

# Health insurance for individuals

If you don't have access to a group insurance plan, this guide will help you find individual health insurance coverage. You will find a list of insurance companies that offer coverage for individuals, the counties they serve, sample rates, and contact information.

## Application requirements

Most people buying individual health insurance in Washington state will need to complete a standardized health screen questionnaire. This questionnaire identifies your eligibility through the Washington State Health Insurance Pool (WSHIP). Premiums for WSHIP coverage are higher than commercial health plans. However, WSHIP offers some high deductible plan options with lower premiums. For more information, contact WSHIP directly at 1-800-877-5187 or visit their Web site at [www.wship.org](http://www.wship.org).

## Pre-existing condition waiting periods

Individual plans may require a nine-month waiting period for any condition you received advice or treatment about during the previous six months. (See Appendix 1.)

If your prior plan is equal or better than the new plan, the insurance company must credit your enrollment time in that plan toward the waiting period for the pre-existing condition. For example, if you had nine months of coverage under your prior plan, the insurance company would waive your waiting period. If you had four months coverage, you would have to wait five months for the new insurance to cover a pre-existing condition.

Insurers may not impose a pre-existing condition waiting period on your coverage if you:

- have 18 months of creditable coverage; and
- qualify as an “eligible individual” under federal law (see Appendix 2).

## Individuals not required to take the health screen

(see Appendix 3)

Certain applicants are not required to fill out the health screen questionnaire when applying for individual insurance. They include applicants who:

- will exhaust their COBRA coverage.
- have 24 months of continuous coverage through an employer with 20 or less employees.
- have moved out of their existing plans' service area within Washington state.
- continue to receive care from a primary care doctor who left their existing plan.
- have received a notice regarding the discontinuation of their conversion plan (a limited benefit policy that an individual may have a right to convert to after their group insurance ends).

## Low cost or free options

Before you buy health insurance in the individual market, consider your eligibility for less expensive options. Some options include:

**Basic Health Plan** – administered by the Washington State Health Care Authority

**Indian Health Services or a tribal health clinic**

**Community Health Centers (federally funded)** – offers health care on a sliding fee scale

**Breast and Cervical Health Program** – available through your local health department

**Children's Health Insurance Plan (CHIP)**

**Veterans Administration**

**Medicaid and Healthy Options plans** – administered by the Washington State Department of Social and Health Services

For more information, contact the Insurance Consumer Hotline at **1-800-562-6900**.

# Shopping for individual health insurance

## Contact the companies

For more information, contact the insurance company using the toll-free phone number or visit the respective Web site.

Group Health Cooperative 1-800-358-8815 <a href="http://www.ghc.org">www.ghc.org</a>	Regence BlueShield of Washington 1-888-344-8234 <a href="http://www.wa.regence.com">www.wa.regence.com</a>
KPS Health Plans 1-800-628-3753 <a href="http://www.kpshealthplans.com">www.kpshealthplans.com</a>	Regence BlueShield of Idaho 1-800-632-2022 <a href="http://www.id.regence.com">www.id.regence.com</a>
Premera Blue Cross 1-800-PLAN-ONE (800-752-6663) <a href="http://www.premera.com">www.premera.com</a>	Regence BlueCross BlueShield of Oregon 1-800-777-3168 <a href="http://www.or.regence.com">www.or.regence.com</a>
Lifewise Health Plan of Washington 1-888-836-6135 <a href="http://www.lifewisewa.com">www.lifewisewa.com</a>	Asuris Northwest Health 1-866-704-2708 <a href="http://www.asurisnorthwesthealth.com">www.asurisnorthwesthealth.com</a>

Please review the chart of major health insurance companies that offer individual plans and the counties where their plans are available located on page 7.

## Government-sponsored plans

Government-sponsored plans are available. They are based on an individual's income level. You can obtain details and additional information by contacting:

### Basic Health of Washington state

1-800-660-9840

[www.basicealth.hca.wa.gov](http://www.basicealth.hca.wa.gov)

### Children's Health Insurance Program

1-877-543-7669

[www.healthykidsnow.net](http://www.healthykidsnow.net)

(Healthy Kids Now!)

### Department of Social & Health Services

1-800-865-7801

<https://www2.wa.gov/dshs/onlinecso/findservice.asp>

(For the location of your nearest Community Services Office.)

# Health Savings Accounts (HSAs)

## What are Health Savings Accounts (HSAs)?

HSAs allow you to pay for your current health care expenses and to save for future qualified medical and retiree health expenses on a tax-free basis. You, your family members, and your employer can make tax-deductible contributions to your account.

To open up an HSA account, you must have a High Deductible Health Plan (HDHP). You can use your HSA to pay the deductible on your HDHP and any other qualified expenses your plan does not cover, such as vision and dental fees, and over-the-counter drugs.

You make the decisions on how to spend the money in your account for qualified health expenses. You don't rely on a third party or a health insurer for approval of your health decisions. Your unused account balances roll over from year to year.

The Medicare Prescription Drug Improvement and Modernization Act of 2003 created these new tax favored accounts.

## Who can set up a Health Savings Account

Any individual covered under a qualified high deductible health plan may establish an HSA. However, if you are on Medicare or you receive benefits from the Department of Veterans Affairs, you cannot set up an HSA. Also, if you currently participate in an employer-sponsored HSA, you may not be eligible for a self-sponsored HSA. To find out, check with your employer's human resource department.

For 2006, the maximum amount you can deposit into an HSA is:

\$2,700 for **single coverage**

\$5,450 for **family coverage**

If you are age 55 or older, you can deposit additional money (also referred to as "catch-up" contributions) into your HSA account. The maximum annual catch-up contribution you can make is:

Year	Catch-up Amount
2006	\$700
2007	\$800
2008	\$900
2009 and after	\$1,000

## What qualifies as a high deductible health plan (HDHP)

A health plan qualifies as an HDHP if it has an annual deductible of at least:

\$1,050 for an **individual's (self) coverage**

\$2,100 for **family coverage**

- An HDHP permits low-deductible coverage for accidents, disability, dental and vision care, or long-term care.
- An HDHP may also include a preventive care benefit.
- The HDHP maximum annual out-of-pocket expense is \$ 5,250 for self-only coverage and \$10,500 for family coverage.
- HDHPs in Washington state must comply with state insurance laws. If you have questions about a HDHP and whether it's a valid plan, call our Insurance Consumer Hotline at 1-800-562-6900.

## How HSAs work

Funds contributed to an HSA belong to the account beneficiary. If you change employers or leave the work force, they stay with you. Money can accumulate in the account every year. Unused amounts remain available in later years.

Financial institutions or life insurance companies usually administer HSAs. The OIC does not have authority over laws pertaining to HSA administrators.

## Where to go for more information

### **HSAs:**

Contact your financial consultant or visit the U.S. Department of Treasury's Web site at [http://www.treasury.gov/offices/public-affairs/hsa/faq\\_basics.shtml](http://www.treasury.gov/offices/public-affairs/hsa/faq_basics.shtml).

The Internal Revenue Service Web site at [www.irs.gov/pub/irs-pdf/p969.pdf](http://www.irs.gov/pub/irs-pdf/p969.pdf) provides detailed questions and answers on HSAs.

### **Qualified health plans:**

To find qualified health plans in Washington state that relate to HSAs, contact the Insurance Consumer Hotline at 1-800-562-6900.

### **Qualified medical costs:**

Internal Revenue publication 502, Medical and Dental Expenses at <http://www.health--savings--accounts.com/pdf/IRS-p502.pdf> defines qualified medical expenses.

### **Insurance company premiums:**

The charts on the following pages indicate the most recent premiums filed with our office by the respective insurance companies. Products and premiums are subject to change, please call the company to obtain the most current information.

# Health insurance companies that offer individual plans

Group Health Cooperative	KPS Health Plans	Premiera Blue Cross	Lifewise Health Plan Washington	Regence BlueCross/BlueShield Oregon	Regence BlueShield Washington	Regence BlueShield Idaho	Asuris Northwest Health	
	X	X	X				X	Adams
	X	X	X			X	X	Asotin
X	X	X	X				X	Benton
	X	X	X				X	Chelan
	X	X	X		X			Clallam
	X		X	X				Clark
X	X	X	X		X			Columbia
	X	X	X		X			Cowlitz
	X	X	X				X	Douglas
	X	X	X				X	Ferry
X	X	X	X				X	Franklin
	X	X	X				X	Garfield
	X	X	X				X	Grant
X*	X	X	X		X			Grays Harbor
X	X	X	X		X			Island
	X	X	X		X			Jefferson
X	X	X	X		X			King
X	X	X	X		X			Kitsap
X	X	X	X				X	Kittitas
	X	X	X		X			Klickitat
X	X	X	X		X			Lewis
	X	X	X				X	Lincoln
X	X	X	X		X			Mason
	X	X	X				X	Okanogan
	X	X	X		X			Pacific
	X	X	X				X	Pend Oreille
X	X	X	X		X			Pierce
X	X	X	X		X			San Juan
X	X	X	X		X			Skagit
	X	X	X		X			Skamania
X	X	X	X		X			Snohomish
X	X	X	X				X	Spokane
	X	X	X				X	Stevens
X	X	X	X		X			Thurston
	X	X	X		X			Wahkiakum
X	X	X	X		X			Walla Walla
X	X	X	X		X			Whatcom
X	X	X	X				X	Whitman
X	X	X	X		X			Yakima

\*Partial



## Companies offering coverage and the rates

The following listed companies offer individual coverage in Washington state. See the chart on the previous page to determine if the company offers coverage in your community. When you click on a name in the following list, you will be linked to a chart detailing the company's plans and rates.

**Note:** Companies indicated by an asterisk (\*) offer plans which qualify for Health Savings Accounts.

## The companies

[Regence Blue Shield\\*](#)

[Asuris Northwest Health](#)

[Premera Blue Cross](#)

[Group Health Cooperative](#)

[KPS Health Plan\\*](#)

[Regence BlueCross BlueShield of Oregon\\*](#)

[Regence BlueShield of Idaho](#)

[Lifewise Health Plan of Washington\\*](#)

[View all the plans](#)

# Regence BlueShield

## 2006 Monthly Rates for Individual Plans

Rate Effective Date 7/1/2006

Plan Name	Smoker/Non-Smoker	First Child	Second + Child	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Individual Selections 2001, \$500 Deductible	Smoker	\$114	\$102	\$142	\$142	\$174	\$213	\$271	\$317	\$361	\$431	\$530
	Non-Smoker	\$114	\$102	\$127	\$127	\$158	\$185	\$233	\$271	\$309	\$376	\$452
Individual Selections 2001, \$1,000 Deductible	Smoker	\$100	\$91	\$129	\$129	\$157	\$192	\$243	\$287	\$327	\$389	\$478
	Non-Smoker	\$100	\$91	\$117	\$117	\$143	\$166	\$210	\$243	\$279	\$339	\$409
Individual Selections 2001, \$1,500 Deductible	Smoker	\$54	\$48	\$63	\$63	\$79	\$99	\$124	\$141	\$162	\$194	\$233
	Non-Smoker	\$54	\$48	\$57	\$57	\$68	\$84	\$105	\$121	\$141	\$166	\$198
Individual PPO 2002, \$750 Deductible	Smoker	\$126	\$113	\$157	\$157	\$193	\$233	\$299	\$351	\$399	\$475	\$586
	Non-Smoker	\$126	\$113	\$142	\$142	\$174	\$205	\$257	\$299	\$342	\$415	\$500
Individual PPO 2002, \$1,500 Deductible	Smoker	\$61	\$55	\$70	\$70	\$89	\$112	\$137	\$158	\$181	\$217	\$260
	Non-Smoker	\$61	\$55	\$63	\$63	\$78	\$94	\$119	\$136	\$158	\$188	\$220
Individual HSA, \$2500 Deductible for Individual	Smoker	N/A	N/A	\$74	\$74	\$93	\$118	\$143	\$165	\$189	\$228	\$274
	Non-Smoker	N/A	N/A	\$67	\$67	\$82	\$98	\$125	\$143	\$165	\$198	\$232
Individual HSA, \$5000 Deductible for Family	Smoker Subscriber or Spouse	\$51	\$50	\$59	\$59	\$74	\$93	\$114	\$133	\$151	\$181	\$218
	Non-Smoker Subscriber or Spouse	\$51	\$50	\$53	\$53	\$65	\$77	\$99	\$114	\$133	\$157	\$182
Individual Breakthru 80 Plan, \$500 Deductible	Smoker	\$126	\$114	\$158	\$179	\$209	\$246	\$294	\$354	\$420	\$495	\$589
	Non-Smoker	\$126	\$114	\$136	\$155	\$180	\$213	\$254	\$307	\$362	\$428	\$508
Individual Breakthru 80 Plan, \$1,500 Deductible	Smoker	\$99	\$90	\$124	\$142	\$164	\$194	\$231	\$279	\$331	\$390	\$465
	Non-Smoker	\$99	\$90	\$107	\$123	\$143	\$167	\$200	\$242	\$286	\$337	\$401
Individual Breakthru 70 Plan, \$1,000 Deductible	Smoker	\$100	\$89	\$124	\$142	\$165	\$195	\$233	\$281	\$332	\$391	\$465
	Non-Smoker	\$100	\$89	\$107	\$123	\$143	\$169	\$201	\$243	\$288	\$339	\$401
Individual Breakthru 70 Plan, \$3,000 Deductible	Smoker	\$66	\$59	\$82	\$93	\$109	\$128	\$153	\$185	\$219	\$257	\$306
	Non-Smoker	\$66	\$59	\$70	\$81	\$94	\$111	\$132	\$161	\$189	\$223	\$262
Individual Breakthru 50 Plan, \$2,500 Deductible	Smoker	\$35	\$32	\$44	\$50	\$58	\$68	\$82	\$99	\$117	\$138	\$163
	Non-Smoker	\$35	\$32	\$38	\$43	\$51	\$60	\$71	\$86	\$102	\$120	\$141
Individual Breakthru 50 Plan, \$5,000 Deductible	Smoker	\$29	\$26	\$36	\$41	\$48	\$56	\$67	\$81	\$96	\$113	\$135
	Non-Smoker	\$29	\$26	\$31	\$35	\$41	\$48	\$58	\$70	\$83	\$98	\$116

## Asuris Northwest Health

### 2006 Monthly Rates for Individual Plans Rate Effective Date 7/1/2006

Plan Name	Smoker/Non-Smoker	First Child	Second + Child	Age Band 0-25	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Individual PPO 80/50 2004 Plan, \$750 Deductible	Smoker	\$126	\$113	\$157	\$157	\$193	\$233	\$299	\$351	\$399	\$475	\$586
	Non-Smoker	\$126	\$113	\$142	\$142	\$174	\$205	\$257	\$299	\$342	\$415	\$500
Individual PPO 80/50 2004 Plan, \$1,500 Deductible	Smoker	\$61	\$55	\$70	\$70	\$89	\$112	\$137	\$158	\$181	\$217	\$260
	Non-Smoker	\$61	\$55	\$63	\$63	\$78	\$94	\$119	\$136	\$158	\$188	\$220
Individual HSA Qualified Preferred Catastrophic Plan \$2,500 Deductible, Individual	Smoker	N/A	N/A	\$74	\$74	\$93	\$118	\$143	\$165	\$189	\$228	\$274
	Non-Smoker	N/A	N/A	\$67	\$67	\$82	\$98	\$125	\$143	\$165	\$198	\$232
Individual HSA Qualified Preferred Catastrophic Plan \$5,000 Deductible, Family	Smoker	\$51	\$50	\$59	\$59	\$74	\$93	\$114	\$133	\$151	\$181	\$218
	Non-Smoker	\$51	\$50	\$53	\$53	\$65	\$77	\$99	\$114	\$133	\$157	\$182
Individual Breakthru 80 Plan, \$500 Deductible	Smoker	\$126	\$114	\$158	\$179	\$209	\$246	\$294	\$354	\$420	\$495	\$589
	Non-Smoker	\$126	\$114	\$136	\$155	\$180	\$213	\$254	\$307	\$362	\$428	\$508
Individual Breakthru 80 Plan, \$1,500 Deductible	Smoker	\$99	\$90	\$124	\$142	\$164	\$194	\$231	\$279	\$331	\$390	\$465
	Non-Smoker	\$99	\$90	\$107	\$123	\$143	\$167	\$200	\$242	\$286	\$337	\$401
Individual Breakthru 70 Plan, \$1,000 Deductible	Smoker	\$100	\$89	\$124	\$142	\$165	\$195	\$233	\$281	\$332	\$391	\$465
	Non-Smoker	\$100	\$89	\$107	\$123	\$143	\$169	\$201	\$243	\$288	\$339	\$401
Individual Breakthru 70 Plan, \$3,000 Deductible	Smoker	\$66	\$59	\$82	\$93	\$109	\$128	\$153	\$185	\$219	\$257	\$306
	Non-Smoker	\$66	\$59	\$70	\$81	\$94	\$111	\$132	\$161	\$189	\$223	\$262
Individual Breakthru 50 Plan, \$2,500 Deductible	Smoker	\$35	\$32	\$44	\$50	\$58	\$68	\$82	\$99	\$117	\$138	\$163
	Non-Smoker	\$35	\$32	\$38	\$43	\$51	\$60	\$71	\$86	\$102	\$120	\$141
Individual Breakthru 50 Plan, \$5,000 Deductible	Smoker	\$29	\$26	\$36	\$41	\$48	\$56	\$67	\$81	\$96	\$113	\$135
	Non-Smoker	\$29	\$26	\$31	\$35	\$41	\$48	\$58	\$70	\$83	\$98	\$116

Note: Asuris Breakthru product name changes to Asuris Clarity effective May 1, 2006.

**Premera BlueCross Individual Plans**

Effective 6/1/2006

Per Adult	Heritage Preferred Plus Contract -014919 (10-2005)		Heritage Preferred Plus Contract -014921 (10-2005)	
	Plus 20		Plus 30	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$332	\$386	\$293	\$341
25-29	\$394	\$459	\$348	\$405
30-34	\$410	\$478	\$363	\$421
35-39	\$459	\$534	\$405	\$472
40-44	\$606	\$704	\$535	\$622
45-49	\$704	\$843	\$622	\$723
50-54	\$809	\$940	\$714	\$831
55-59	\$980	\$1,139	\$865	\$1,006
60-64	\$1,144	\$1,330	\$1,011	\$1,175
65+	\$1,226	\$1,426	\$1,083	\$1,259
Per Child	\$252		\$223	

Per Adult	Heritage Protector Plus Contract - 014927 (10-2005)			
	Deductible \$500		Deductible \$1,000	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$104	\$121	\$87	\$102
25-29	\$124	\$145	\$104	\$121
30-34	\$129	\$149	\$108	\$126
35-39	\$145	\$168	\$121	\$141
40-44	\$191	\$222	\$160	\$186
45-49	\$222	\$257	\$186	\$216
50-54	\$254	\$295	\$213	\$247
55-59	\$307	\$358	\$258	\$300
60-64	\$360	\$418	\$301	\$352
65+	\$386	\$448	\$323	\$376
Per Child	\$80		\$66	

Per Adult	Heritage Value Plus Contract - 014923 (10-2005)					
	Deductible \$2,500		Deductible \$5,000		Deductible \$10,000	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$160	\$186	\$134	\$154	\$88	\$103
25-29	\$191	\$222	\$158	\$184	\$105	\$123
30-34	\$198	\$230	\$164	\$191	\$109	\$127
35-39	\$222	\$258	\$184	\$214	\$123	\$142
40-44	\$293	\$341	\$244	\$283	\$162	\$187
45-49	\$341	\$396	\$283	\$328	\$187	\$218
50-54	\$391	\$454	\$325	\$377	\$216	\$250
55-59	\$473	\$550	\$393	\$457	\$261	\$303
60-64	\$552	\$643	\$459	\$534	\$304	\$354
65+	\$593	\$688	\$492	\$572	\$326	\$380
Per Child	\$121		\$102		\$67	

Group Health Cooperative

2006 Monthly Rates for Individual Market Plans  
New Plans Effective 4/1/2006

Plan Name	Area	Smoker/Non-Smoker	Child	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	65+ (N)	(A&B)	(A)	(B)
\$500 Deductible-06	Western	Smoker	\$180	\$215	\$215	\$251	\$279	\$296	\$350	\$396	\$481	\$580	\$580	\$305	\$731	\$731
		Non-Smoker	\$180	\$195	\$195	\$228	\$254	\$269	\$318	\$360	\$437	\$527	\$527	\$305	\$731	\$731
	Eastern	Smoker	\$199	\$239	\$239	\$273	\$310	\$326	\$383	\$436	\$530	\$639	\$639	\$305	\$813	\$750
		Non-Smoker	\$199	\$217	\$217	\$248	\$282	\$296	\$348	\$396	\$482	\$581	\$581	\$305	\$813	\$750
	Central	Smoker	\$221	\$262	\$262	\$304	\$343	\$362	\$425	\$482	\$584	\$706	\$706	\$305	\$892	\$750
		Non-Smoker	\$221	\$238	\$238	\$276	\$312	\$329	\$386	\$438	\$531	\$642	\$642	\$305	\$892	\$750
\$1,500 Deductible Catastrophic-06	Western	Smoker	\$92	\$96	\$98	\$109	\$118	\$139	\$155	\$179	\$220	\$279	\$331	\$192	\$325	\$325
		Non-Smoker	\$92	\$87	\$89	\$99	\$107	\$126	\$141	\$163	\$200	\$254	\$301	\$192	\$325	\$325
	Eastern	Smoker	\$100	\$107	\$108	\$122	\$132	\$155	\$167	\$199	\$241	\$309	\$363	\$192	\$363	\$363
		Non-Smoker	\$100	\$97	\$98	\$111	\$120	\$141	\$152	\$181	\$219	\$281	\$330	\$192	\$363	\$363
	Central	Smoker	\$112	\$117	\$118	\$133	\$144	\$167	\$187	\$220	\$270	\$343	\$403	\$192	\$397	\$397
		Non-Smoker	\$112	\$106	\$107	\$121	\$131	\$152	\$170	\$200	\$245	\$312	\$366	\$192	\$397	\$397
\$5,000 Deductible Catastrophic-06	Western	Smoker	\$64	\$67	\$67	\$77	\$83	\$96	\$108	\$124	\$149	\$190	\$224	\$192	\$228	\$228
		Non-Smoker	\$64	\$61	\$61	\$70	\$75	\$87	\$98	\$113	\$135	\$173	\$204	\$192	\$228	\$228
	Eastern	Smoker	\$74	\$75	\$79	\$89	\$96	\$109	\$122	\$142	\$171	\$219	\$255	\$192	\$255	\$255
		Non-Smoker	\$74	\$68	\$72	\$81	\$87	\$99	\$111	\$129	\$155	\$199	\$232	\$192	\$255	\$255
	Central	Smoker	\$81	\$84	\$85	\$96	\$107	\$122	\$133	\$157	\$189	\$240	\$284	\$192	\$285	\$285
		Non-Smoker	\$81	\$76	\$77	\$87	\$97	\$111	\$121	\$143	\$172	\$218	\$258	\$192	\$285	\$285
Welcome \$500 Deductible	Western	Smoker	\$164	\$195	\$195	\$227	\$253	\$268	\$316	\$358	\$432	\$521	\$521	\$305	\$663	\$663
		Non-Smoker	\$164	\$177	\$177	\$206	\$230	\$244	\$287	\$325	\$393	\$474	\$474	\$305	\$663	\$663
	Eastern	Smoker	\$179	\$212	\$212	\$248	\$277	\$294	\$345	\$393	\$475	\$573	\$573	\$305	\$723	\$723
		Non-Smoker	\$179	\$193	\$193	\$225	\$252	\$267	\$314	\$357	\$432	\$521	\$521	\$305	\$723	\$723
	Central	Smoker	\$194	\$232	\$232	\$271	\$303	\$321	\$380	\$430	\$523	\$630	\$630	\$305	\$791	\$750
		Non-Smoker	\$194	\$211	\$211	\$246	\$275	\$292	\$345	\$391	\$475	\$573	\$573	\$305	\$791	\$750
Welcome \$1,500 Deductible	Western	Smoker	\$85	\$88	\$90	\$100	\$108	\$127	\$141	\$162	\$198	\$252	\$298	\$192	\$300	\$300
		Non-Smoker	\$85	\$80	\$82	\$91	\$98	\$115	\$128	\$147	\$180	\$229	\$271	\$192	\$300	\$300
	Eastern	Smoker	\$85	\$88	\$90	\$100	\$108	\$127	\$141	\$162	\$198	\$252	\$298	\$192	\$300	\$300
		Non-Smoker	\$85	\$80	\$82	\$91	\$98	\$115	\$128	\$147	\$180	\$229	\$271	\$192	\$300	\$300
	Central	Smoker	\$98	\$101	\$103	\$117	\$125	\$147	\$166	\$191	\$235	\$300	\$358	\$192	\$345	\$345
		Non-Smoker	\$98	\$92	\$94	\$106	\$114	\$134	\$151	\$174	\$214	\$273	\$325	\$192	\$345	\$345
\$2,500 Deductible	Western	Smoker	\$68	\$72	\$73	\$80	\$86	\$99	\$110	\$125	\$151	\$189	\$223	\$192	\$243	\$243
		Non-Smoker	\$68	\$65	\$66	\$73	\$78	\$90	\$100	\$114	\$137	\$172	\$203	\$192	\$243	\$243
	Eastern	Smoker	\$73	\$76	\$77	\$86	\$92	\$107	\$118	\$135	\$164	\$207	\$243	\$192	\$258	\$258
		Non-Smoker	\$73	\$69	\$70	\$78	\$84	\$97	\$107	\$123	\$149	\$188	\$221	\$192	\$258	\$258
	Central	Smoker	\$78	\$80	\$83	\$91	\$99	\$114	\$128	\$146	\$178	\$226	\$266	\$192	\$273	\$273
		Non-Smoker	\$78	\$73	\$75	\$83	\$90	\$104	\$116	\$133	\$162	\$205	\$242	\$192	\$273	\$273
HSA \$1500 Individual/\$3000 Family	Western	Smoker	\$88	\$91	\$94	\$105	\$112	\$131	\$146	\$169	\$208	\$263	\$312	\$192	\$311	\$311
		Non-Smoker	\$88	\$83	\$85	\$95	\$102	\$119	\$133	\$154	\$189	\$239	\$284	\$192	\$311	\$311
	Eastern	Smoker	\$95	\$98	\$100	\$112	\$121	\$142	\$160	\$185	\$227	\$288	\$342	\$192	\$333	\$333
		Non-Smoker	\$95	\$89	\$91	\$102	\$110	\$129	\$145	\$168	\$206	\$262	\$311	\$192	\$333	\$333
	Central	Smoker	\$102	\$105	\$108	\$121	\$131	\$154	\$173	\$200	\$248	\$315	\$375	\$192	\$356	\$356
		Non-Smoker	\$102	\$95	\$98	\$110	\$119	\$140	\$157	\$182	\$225	\$286	\$341	\$192	\$356	\$356
HSA \$2500 Individual/\$5000 Family	Western	Smoker	\$75	\$78	\$80	\$88	\$95	\$110	\$122	\$141	\$171	\$216	\$254	\$192	\$266	\$266
		Non-Smoker	\$75	\$71	\$73	\$80	\$86	\$100	\$111	\$128	\$155	\$196	\$231	\$192	\$266	\$266
	Eastern	Smoker	\$81	\$84	\$86	\$95	\$102	\$119	\$133	\$153	\$186	\$235	\$278	\$192	\$285	\$285
		Non-Smoker	\$81	\$76	\$78	\$86	\$93	\$108	\$121	\$139	\$169	\$214	\$253	\$192	\$285	\$285
	Central	Smoker	\$86	\$89	\$91	\$102	\$110	\$129	\$144	\$165	\$202	\$257	\$305	\$192	\$303	\$303
		Non-Smoker	\$86	\$81	\$83	\$93	\$100	\$117	\$131	\$150	\$184	\$234	\$277	\$192	\$303	\$303

65+(N): 65 and over, not eligible for Medicare  
(A&B): Plan members enrolled in Medicare Parts A and B  
(A): Plan members enrolled in Medicare Part A  
(B): Plan members enrolled in Medicare Part B

## KPS Health Plan

### 2006 Monthly Rates for Individual Plans

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Plan Name	Area	Smoker/Non-Smoker	Per Child	Age Band <25	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Sound Harbor Classic Five \$500 Deductible	West	Smoker	\$133	\$230	\$281	\$298	\$302	\$316	\$338	\$424	\$559	\$711
		Non-Smoker	133	\$195	\$239	\$253	\$256	\$268	\$287	\$359	\$474	\$603
Sound Harbor Classic Five \$500 Deductible	East	Smoker	\$149	\$257	\$315	\$334	\$339	\$354	\$379	\$475	\$626	\$796
		Non-Smoker	\$149	\$219	\$267	\$283	\$287	\$300	\$321	\$402	\$531	\$675
Sound Harbor Classic 50/50 \$700 Deductible	West	Smoker	\$108	\$190	\$232	\$245	\$249	\$260	\$278	\$349	\$460	\$585
		Non-Smoker	\$108	\$158	\$193	\$205	\$208	\$216	\$232	\$291	\$384	\$488
Sound Harbor Classic 50/50 \$700 Deductible	East	Smoker	\$121	\$213	\$260	\$275	\$279	\$291	\$312	\$391	\$515	\$656
		Non-Smoker	\$121	\$177	\$216	\$229	\$233	\$242	\$260	\$326	\$430	\$546
Sound Harbor Essential Five \$1,500 Deductible	West	Smoker	\$71	\$106	\$115	\$122	\$133	\$159	\$180	\$228	\$297	\$378
		Non-Smoker	\$71	\$89	\$98	\$103	\$113	\$135	\$153	\$193	\$251	\$320
Sound Harbor Essential Five \$1,500 Deductible	East	Smoker	\$79	\$119	\$129	\$136	\$149	\$179	\$201	\$255	\$332	\$423
		Non-Smoker	\$79	\$100	\$109	\$116	\$127	\$151	\$171	\$216	\$281	\$358
Sound Harbor Essential Five \$2,500 Deductible	West	Smoker	\$56	\$83	\$93	\$98	\$107	\$128	\$145	\$184	\$239	\$303
		Non-Smoker	\$56	\$71	\$78	\$83	\$91	\$109	\$123	\$156	\$202	\$257
Sound Harbor Essential Five \$2,500 Deductible	East	Smoker	\$63	\$93	\$104	\$109	\$120	\$144	\$162	\$206	\$267	\$340
		Non-Smoker	\$63	\$79	\$88	\$93	\$102	\$122	\$137	\$174	\$226	\$288
Sound Harbor Essential Five \$5,000 Deductible	West	Smoker	\$38	\$57	\$63	\$66	\$71	\$87	\$98	\$125	\$162	\$205
		Non-Smoker	\$38	\$48	\$53	\$56	\$61	\$73	\$83	\$105	\$137	\$174
Sound Harbor Essential Five \$5,000 Deductible	East	Smoker	\$42	\$64	\$70	\$74	\$80	\$97	\$109	\$140	\$182	\$229
		Non-Smoker	\$42	\$54	\$60	\$63	\$68	\$82	\$93	\$118	\$154	\$195
KPS Home Choice \$350 Deductible	Home Choice	Smoker	\$101	\$150	\$169	\$199	\$234	\$278	\$336	\$397	\$468	\$559
		Non-Smoker	\$101	\$127	\$144	\$169	\$199	\$237	\$286	\$338	\$398	\$476
KPS Home Choice \$750 Deductible	Home Choice	Smoker	\$83	\$126	\$140	\$166	\$194	\$233	\$281	\$331	\$391	\$468
		Non-Smoker	\$83	\$104	\$117	\$138	\$162	\$194	\$234	\$276	\$326	\$390

West Area Counties: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom

East Area Counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima

Home Choice Area Counties: Clallam, Jefferson, Kitsap and Mason

# KPS Health Plan

## 2006 Monthly Rates for Individual Plans

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Plan Name	Area	Smoker/Non-Smoker	Per Child	Age Band <25	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
The Healthy Investor \$1,600 Deductible for Individual	West	Smoker	N/A	\$100	\$110	\$118	\$128	\$154	\$172	\$219	\$284	\$362
		Non-Smoker	N/A	\$85	\$94	\$99	\$108	\$130	\$146	\$185	\$241	\$307
The Healthy Investor \$3,200 Deductible for Family	West	Smoker	\$66	\$98	\$108	\$114	\$125	\$151	\$167	\$213	\$277	\$354
		Non-Smoker	\$66	\$83	\$92	\$97	\$105	\$128	\$142	\$181	\$235	\$299
The Healthy Investor \$1,600 Deductible for Individual	East	Smoker	N/A	\$113	\$123	\$132	\$143	\$172	\$193	\$246	\$318	\$406
		Non-Smoker	N/A	\$95	\$105	\$111	\$121	\$146	\$163	\$208	\$269	\$344
The Healthy Investor \$3,200 Deductible for Family	East	Smoker	\$74	\$109	\$121	\$128	\$140	\$169	\$187	\$239	\$311	\$396
		Non-Smoker	\$74	\$93	\$103	\$108	\$118	\$143	\$159	\$202	\$263	\$335
The Healthy Investor \$2,600 Deductible for Individual	West	Smoker	N/A	\$82	\$91	\$97	\$105	\$127	\$141	\$180	\$234	\$298
		Non-Smoker	N/A	\$70	\$77	\$82	\$89	\$107	\$120	\$153	\$198	\$252
The Healthy Investor \$5,150 Deductible for Family	West	Smoker	\$54	\$77	\$86	\$91	\$98	\$119	\$133	\$170	\$220	\$279
		Non-Smoker	\$54	\$66	\$72	\$77	\$83	\$100	\$113	\$144	\$186	\$237
The Healthy Investor \$2,600 Deductible for Individual	East	Smoker	N/A	\$92	\$102	\$108	\$118	\$142	\$158	\$201	\$262	\$333
		Non-Smoker	N/A	\$78	\$87	\$92	\$100	\$120	\$134	\$171	\$222	\$282
The Healthy Investor \$5,150 Deductible for Family	East	Smoker	\$61	\$87	\$96	\$102	\$109	\$133	\$149	\$190	\$247	\$313
		Non-Smoker	\$61	\$74	\$81	\$87	\$93	\$113	\$127	\$161	\$209	\$265
The Healthy Investor Rx Option \$1,600 Deductible for Individual	West	Smoker	N/A	\$124	\$137	\$145	\$159	\$195	\$225	\$289	\$364	\$446
		Non-Smoker	N/A	\$105	\$116	\$123	\$135	\$165	\$191	\$245	\$309	\$378
The Healthy Investor Rx Option \$3,200 Deductible for Family	West	Smoker	\$81	\$121	\$134	\$142	\$155	\$192	\$219	\$283	\$355	\$435
		Non-Smoker	\$81	\$102	\$113	\$120	\$131	\$162	\$186	\$240	\$301	\$368
The Healthy Investor Rx Option \$1,600 Deductible for Individual	East	Smoker	N/A	\$138	\$153	\$162	\$179	\$218	\$252	\$324	\$408	\$500
		Non-Smoker	N/A	\$117	\$130	\$137	\$151	\$185	\$214	\$275	\$346	\$423
The Healthy Investor Rx Option \$3,200 Deductible for Family	East	Smoker	\$91	\$135	\$150	\$159	\$174	\$215	\$245	\$317	\$398	\$487
		Non-Smoker	\$91	\$115	\$127	\$135	\$147	\$182	\$208	\$269	\$337	\$413
The Healthy Investor Rx Option \$2,600 Deductible for Individual	West	Smoker	N/A	\$102	\$112	\$120	\$131	\$160	\$185	\$239	\$299	\$366
		Non-Smoker	N/A	\$86	\$95	\$102	\$111	\$136	\$157	\$203	\$254	\$310
The Healthy Investor Rx Option \$5,150 Deductible for Family	West	Smoker	\$67	\$96	\$105	\$113	\$122	\$150	\$174	\$225	\$281	\$345
		Non-Smoker	\$67	\$81	\$89	\$95	\$104	\$127	\$148	\$191	\$238	\$292
The Healthy Investor Rx Option \$2,600 Deductible for Individual	East	Smoker	N/A	\$114	\$125	\$134	\$147	\$180	\$207	\$268	\$335	\$410
		Non-Smoker	N/A	\$97	\$106	\$114	\$125	\$152	\$176	\$227	\$284	\$348
The Healthy Investor Rx Option \$5,150 Deductible for Family	East	Smoker	\$75	\$107	\$117	\$126	\$137	\$168	\$195	\$252	\$315	\$386
		Non-Smoker	\$75	\$91	\$99	\$107	\$116	\$142	\$165	\$214	\$267	\$327

West Area Counties: Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, and Whatcom

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Home Choice Area Counties: Clallam, Jefferson, Kitsap and Mason

## Regence BlueCross BlueShield of Oregon

2006 Monthly Rates for Individual Market Plans

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Plan Name	Smoker/Non-Smoker	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Blue Selections PPO \$1,000 Deductible	Smoker Individual	\$127	\$135	\$160	\$176	\$245	\$291	\$337	\$406	\$466
	Smoker Married Couple	\$254	\$270	\$320	\$352	\$490	\$582	\$674	\$812	\$932
	Smoker 1 Adult & Children	\$196	\$208	\$246	\$271	\$377	\$448	\$519	\$625	\$718
	Smoker Family	\$406	\$432	\$512	\$563	\$735	\$815	\$876	\$934	\$1,072
	Non-Smoker Individual	\$114	\$120	\$143	\$157	\$219	\$260	\$301	\$363	\$416
	Non-Smoker Married Couple	\$228	\$240	\$286	\$314	\$438	\$520	\$602	\$726	\$832
	Non-Smoker One Adult & Children	\$176	\$185	\$220	\$242	\$337	\$400	\$464	\$559	\$641
	Non-Smoker Family	\$365	\$384	\$458	\$502	\$657	\$728	\$783	\$835	\$957
Blue Selections PPO \$2,500 Deductible	Smoker Individual	\$105	\$111	\$133	\$146	\$203	\$241	\$279	\$336	\$386
	Smoker Married Couple	\$210	\$222	\$266	\$292	\$406	\$482	\$558	\$672	\$772
	Smoker One Adult & Children	\$162	\$171	\$205	\$225	\$313	\$371	\$430	\$517	\$594
	Smoker Family	\$336	\$355	\$426	\$467	\$609	\$675	\$725	\$773	\$888
	Non-Smoker Individual	\$94	\$100	\$119	\$131	\$182	\$216	\$250	\$301	\$346
	Non-Smoker Married Couple	\$188	\$200	\$238	\$262	\$364	\$432	\$500	\$602	\$692
	Non-Smoker One Adult & Children	\$145	\$154	\$183	\$202	\$280	\$333	\$385	\$464	\$533
	Non-Smoker Family	\$301	\$320	\$381	\$419	\$546	\$605	\$650	\$692	\$796
Blue Selections PPO \$5,000 Deductible	Smoker Individual	\$86	\$92	\$109	\$120	\$167	\$198	\$229	\$276	\$317
	Smoker Married Couple	\$172	\$184	\$218	\$240	\$334	\$396	\$458	\$552	\$634
	Smoker One Adult & Children	\$132	\$142	\$168	\$185	\$257	\$305	\$353	\$425	\$488
	Smoker Family	\$275	\$294	\$349	\$384	\$501	\$554	\$595	\$635	\$729
	Non-Smoker Individual	\$77	\$81	\$97	\$107	\$148	\$176	\$204	\$246	\$282
	Non-Smoker Married Couple	\$154	\$162	\$194	\$214	\$296	\$352	\$408	\$492	\$564
	Non-Smoker One Adult & Children	\$119	\$125	\$149	\$165	\$228	\$271	\$314	\$379	\$434
	Non-Smoker Family	\$246	\$259	\$310	\$342	\$444	\$493	\$530	\$566	\$649



Regence BlueCross BlueShield of Oregon

2006 Monthly Rates for Individual Market Plans

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Plan Name	Smoker/Non-Smoker	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Breakthru \$500 Deductible	Smoker Individual	\$162	\$172	\$205	\$225	\$313	\$372	\$431	\$519	\$596
	Smoker Married Couple	\$324	\$344	\$410	\$450	\$626	\$744	\$862	\$1,038	\$1,192
	Smoker 1 Adult & Children	\$249	\$265	\$316	\$347	\$482	\$573	\$664	\$799	\$918
	Smoker Family	\$518	\$550	\$656	\$720	\$939	\$1,042	\$1,121	\$1,194	\$1,371
	Non-Smoker Individual	\$145	\$154	\$184	\$202	\$280	\$333	\$386	\$465	\$533
	Non-Smoker Married Couple	\$290	\$308	\$368	\$404	\$560	\$666	\$772	\$930	\$1,066
	Non-Smoker One Adult & Children	\$223	\$237	\$283	\$311	\$431	\$513	\$594	\$716	\$821
	Non-Smoker Family	\$464	\$493	\$589	\$646	\$840	\$932	\$1,004	\$1,070	\$1,226
Breakthru \$1,000 Deductible	Smoker Individual	\$129	\$136	\$163	\$179	\$248	\$295	\$342	\$412	\$472
	Smoker Married Couple	\$258	\$272	\$326	\$358	\$496	\$590	\$684	\$824	\$944
	Smoker One Adult & Children	\$199	\$209	\$251	\$276	\$382	\$454	\$527	\$634	\$727
	Smoker Family	\$413	\$435	\$522	\$573	\$744	\$826	\$889	\$948	\$1,086
	Non-Smoker Individual	\$115	\$122	\$146	\$160	\$222	\$264	\$306	\$368	\$423
	Non-Smoker Married Couple	\$230	\$244	\$292	\$320	\$444	\$528	\$612	\$736	\$846
	Non-Smoker One Adult & Children	\$177	\$188	\$225	\$246	\$342	\$407	\$471	\$567	\$651
	Non-Smoker Family	\$368	\$390	\$467	\$512	\$666	\$739	\$796	\$846	\$973
Breakthru \$1,500 Deductible	Smoker Individual	\$128	\$135	\$161	\$177	\$246	\$292	\$338	\$408	\$468
	Smoker Married Couple	\$256	\$270	\$322	\$354	\$492	\$584	\$676	\$816	\$936
	Smoker One Adult & Children	\$197	\$208	\$248	\$273	\$379	\$450	\$521	\$628	\$721
	Smoker Family	\$410	\$432	\$515	\$566	\$738	\$818	\$879	\$938	\$1,076
	Non-Smoker Individual	\$114	\$121	\$144	\$158	\$220	\$261	\$302	\$364	\$418
	Non-Smoker Married Couple	\$228	\$242	\$288	\$316	\$440	\$522	\$604	\$728	\$836
	Non-Smoker One Adult & Children	\$176	\$186	\$222	\$243	\$339	\$402	\$465	\$561	\$644
	Non-Smoker Family	\$365	\$387	\$461	\$506	\$660	\$731	\$785	\$837	\$961
Breakthru \$2,500 Deductible	Smoker Individual	\$46	\$49	\$58	\$64	\$88	\$105	\$122	\$147	\$168
	Smoker Married Couple	\$92	\$98	\$116	\$128	\$176	\$210	\$244	\$294	\$336
	Smoker 1 Adult & Children	\$71	\$75	\$89	\$99	\$136	\$162	\$188	\$226	\$259
	Smoker Family	\$147	\$157	\$186	\$205	\$264	\$294	\$317	\$338	\$386
	Non-Smoker Individual	\$41	\$43	\$51	\$56	\$78	\$93	\$108	\$130	\$149
	Non-Smoker Married Couple	\$82	\$86	\$102	\$112	\$156	\$186	\$216	\$260	\$298
	Non-Smoker One Adult & Children	\$63	\$66	\$79	\$86	\$120	\$143	\$166	\$200	\$229
	Non-Smoker Family	\$131	\$138	\$163	\$179	\$234	\$260	\$281	\$299	\$343
Breakthru \$3,000 Deductible	Smoker Individual	\$84	\$89	\$106	\$117	\$162	\$193	\$224	\$269	\$309
	Smoker Married Couple	\$168	\$178	\$212	\$234	\$324	\$386	\$448	\$538	\$618
	Smoker One Adult & Children	\$129	\$137	\$163	\$180	\$249	\$297	\$345	\$414	\$476
	Smoker Family	\$269	\$285	\$339	\$374	\$486	\$540	\$582	\$619	\$711
	Non-Smoker Individual	\$76	\$80	\$95	\$105	\$146	\$173	\$200	\$241	\$277
	Non-Smoker Married Couple	\$152	\$160	\$190	\$210	\$292	\$346	\$400	\$482	\$554
	Non-Smoker One Adult & Children	\$117	\$123	\$146	\$162	\$225	\$266	\$308	\$371	\$427
	Non-Smoker Family	\$243	\$256	\$304	\$336	\$438	\$484	\$520	\$554	\$637
Breakthru \$5,000 Deductible	Smoker Individual	\$38	\$40	\$47	\$52	\$72	\$86	\$100	\$120	\$138
	Smoker Married Couple	\$76	\$80	\$94	\$104	\$144	\$172	\$200	\$240	\$276
	Smoker One Adult & Children	\$59	\$62	\$72	\$80	\$111	\$132	\$154	\$185	\$213
	Smoker Family	\$122	\$128	\$150	\$166	\$216	\$241	\$260	\$276	\$317
	Non-Smoker Individual	\$34	\$36	\$42	\$47	\$65	\$77	\$89	\$107	\$123
	Non-Smoker Married Couple	\$68	\$72	\$84	\$94	\$130	\$154	\$178	\$214	\$246
	Non-Smoker One Adult & Children	\$52	\$55	\$65	\$72	\$100	\$119	\$137	\$165	\$189
	Non-Smoker Family	\$109	\$115	\$134	\$150	\$195	\$216	\$231	\$246	\$283

## Regence BlueCross BlueShield of Oregon

## 2006 HSA Individual Plan Monthly Rates

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Plan Name	Smoker/Non-Smoker	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
HSA \$1,500 Deductible (\$3,000 for Family)	Smoker Individual	\$112.68	\$119.15	\$142.24	\$156.09	\$217.05	\$257.69	\$298.32	\$359.29	\$412.86
	Smoker Married Couple	\$207.23	\$219.12	\$261.59	\$287.06	\$399.17	\$473.91	\$548.64	\$660.76	\$759.27
	Smoker 1 Adult & Children	\$161.13	\$170.55	\$203.11	\$222.83	\$310.25	\$368.52	\$425.93	\$513.36	\$589.63
	Smoker Family	\$338.38	\$358.34	\$427.74	\$469.39	\$611.69	\$677.62	\$728.81	\$776.54	\$830.68
	Non-Smoker Individual	\$100.68	\$106.22	\$126.53	\$139.47	\$193.96	\$229.98	\$266.00	\$320.50	\$368.52
	Non-Smoker Married Couple	\$185.15	\$195.34	\$232.72	\$256.49	\$356.70	\$422.95	\$489.20	\$589.42	\$677.74
	Non-Smoker One Adult & Children	\$143.97	\$151.70	\$180.83	\$199.68	\$276.82	\$328.24	\$380.51	\$457.65	\$526.21
	Non-Smoker Family	\$302.81	\$319.29	\$380.02	\$419.07	\$546.61	\$604.74	\$649.87	\$692.38	\$796.49
HSA \$2,500 Deductible (\$5,000 for Family)	Smoker Individual	\$97.54	\$103.15	\$123.14	\$135.12	\$187.90	\$223.09	\$258.26	\$311.03	\$357.41
	Smoker Married Couple	\$169.33	\$179.04	\$213.74	\$234.55	\$326.15	\$387.23	\$448.29	\$539.89	\$620.39
	Smoker One Adult & Children	\$120.53	\$127.58	\$151.95	\$166.70	\$232.09	\$275.69	\$318.65	\$384.05	\$441.10
	Smoker Family	\$281.48	\$298.08	\$355.83	\$390.46	\$508.84	\$563.69	\$606.27	\$645.96	\$691.02
	Non-Smoker Individual	\$87.16	\$91.95	\$109.54	\$120.73	\$167.91	\$199.10	\$230.28	\$277.45	\$319.03
	Non-Smoker Married Couple	\$151.28	\$159.61	\$190.14	\$209.57	\$291.46	\$345.59	\$399.72	\$481.61	\$553.78
	Non-Smoker One Adult & Children	\$107.71	\$113.49	\$135.28	\$149.38	\$207.08	\$245.55	\$284.66	\$342.37	\$393.67
	Non-Smoker Family	\$251.89	\$265.60	\$316.13	\$348.60	\$454.70	\$503.06	\$540.59	\$575.96	\$662.57
HSA \$3,500 Deductible (\$7,000 for Family)	Smoker Individual	\$88.77	\$93.86	\$112.05	\$122.96	\$170.98	\$203.00	\$235.00	\$283.03	\$325.23
	Smoker Married Couple	\$148.09	\$156.58	\$186.93	\$205.14	\$285.25	\$338.66	\$392.07	\$472.19	\$542.59
	Smoker One Adult & Children	\$97.72	\$103.44	\$123.20	\$135.16	\$188.18	\$223.53	\$258.35	\$311.38	\$357.65
	Smoker Family	\$248.02	\$262.64	\$313.53	\$344.05	\$448.35	\$496.68	\$534.20	\$569.17	\$608.87
	Non-Smoker Individual	\$79.30	\$83.67	\$99.68	\$109.87	\$152.79	\$181.17	\$209.54	\$252.47	\$290.31
	Non-Smoker Married Couple	\$132.30	\$139.59	\$166.30	\$183.29	\$254.90	\$302.24	\$349.58	\$421.21	\$484.32
	Non-Smoker One Adult & Children	\$87.33	\$92.00	\$109.69	\$121.11	\$167.91	\$199.10	\$230.81	\$277.59	\$319.18
	Non-Smoker Family	\$221.95	\$234.03	\$278.55	\$307.17	\$400.65	\$443.26	\$476.33	\$507.49	\$583.80

# Lifewise Health Plan of Washington

2007 Monthly Rates for Individual Market Plans  
Effective 1/1/2007

Per Adult	Comprehensive Plan							
	WiseChoices 0/20 Plan		WiseChoices 0/30 Plan		WiseChoices 20 Plan (\$1,000 Deductible)		WiseChoices 30 Plan (\$1,500 Deductible)	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$160	\$187	\$146	\$170	\$139	\$161	\$117	\$137
25-29	\$181	\$210	\$164	\$191	\$156	\$181	\$132	\$154
30-34	\$209	\$243	\$190	\$221	\$181	\$210	\$153	\$178
35-39	\$249	\$290	\$227	\$264	\$215	\$250	\$183	\$212
40-44	\$296	\$344	\$269	\$312	\$255	\$297	\$216	\$352
45-49	\$369	\$429	\$335	\$390	\$319	\$370	\$270	\$314
50-54	\$452	\$526	\$411	\$478	\$390	\$454	\$331	\$385
55-59	\$527	\$613	\$479	\$557	\$455	\$529	\$386	\$449
60+	\$600	\$700	\$547	\$636	\$520	\$603	\$438	\$512
Per Child	\$134		\$121		\$115		\$98	

Per Adult	HSA Compatible Plans							
	WiseSavings 20 Plan (\$1,700 Deductible) Individual		WiseSavings 20 Plan (\$3,400 Deductible) Family		WiseSavings 20 Plan (\$3,000 Deductible) Individual		WiseSavings 20 Plan (\$6,000 Deductible) Family	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$82	\$96	\$61	\$71	\$64	\$75	\$49	\$57
25-29	\$93	\$108	\$69	\$80	\$72	\$84	\$55	\$64
30-34	\$107	\$125	\$80	\$93	\$84	\$98	\$64	\$74
35-39	\$128	\$149	\$95	\$110	\$100	\$116	\$76	\$89
40-44	\$152	\$176	\$113	\$131	\$119	\$138	\$90	\$105
45-49	\$189	\$220	\$141	\$163	\$148	\$172	\$113	\$131
50-54	\$232	\$270	\$172	\$200	\$181	\$211	\$138	\$161
55-59	\$270	\$314	\$201	\$233	\$212	\$246	\$161	\$187
60+	\$307	\$359	\$228	\$266	\$240	\$281	\$183	\$213
Per Child	N/A		\$51		N/A		\$41	

Per Adult	Value Plan					
	WiseEssentials 25 Plan (\$1,500 Deductible)		WiseEssentials 25 Plan (\$2,500 Deductible)		WiseEssentials 25 Plan (\$3,500 Deductible)	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$72	\$83	\$60	\$70	\$54	\$63
25-29	\$81	\$94	\$67	\$78	\$61	\$71
30-34	\$93	\$108	\$78	\$91	\$70	\$82
35-39	\$111	\$129	\$93	\$108	\$84	\$98
40-44	\$132	\$153	\$110	\$128	\$99	\$116
45-49	\$165	\$191	\$138	\$160	\$124	\$144
50-54	\$202	\$234	\$169	\$196	\$152	\$177
55-59	\$235	\$273	\$196	\$228	\$177	\$206
60+	\$268	\$311	\$224	\$261	\$202	\$235
Per Child	\$60		\$50		\$45	





# **Appendices**

**Revised Code of Washington (RCW) 48.43.012****Individual health benefit plans — Preexisting conditions.**

- (1) No carrier may reject an individual for an individual health benefit plan based upon preexisting conditions of the individual except as provided in RCW 48.43.018.
- (2) No carrier may deny, exclude, or otherwise limit coverage for an individual's preexisting health conditions except as provided in this section.
- (3) For an individual health benefit plan originally issued on or after March 23, 2000, preexisting condition waiting periods imposed upon a person enrolling in an individual health benefit plan shall be no more than nine months for a preexisting condition for which medical advice was given, for which a health care provider recommended or provided treatment, or for which a prudent layperson would have sought advice or treatment, within six months prior to the effective date of the plan. No carrier may impose a preexisting condition waiting period on an individual health benefit plan issued to an eligible individual as defined in section 2741(b) of the federal health insurance portability and accountability act of 1996 (42 U.S.C. 300gg-41(b)).
- (4) Individual health benefit plan preexisting condition waiting periods shall not apply to prenatal care services.
- (5) No carrier may avoid the requirements of this section through the creation of a new rate classification or the modification of an existing rate classification. A new or changed rate classification will be deemed an attempt to avoid the provisions of this section if the new or changed classification would substantially discourage applications for coverage from individuals who are higher than average health risks. These provisions apply only to individuals who are Washington residents.

[2001 c 196 § 6; 2000 c 79 § 19.]

**42 USCS § 300gg-41**

(b) **Eligible individual defined.** In this part [42 USCS §§ 300gg-41 et seq.], the term “eligible individual” means an individual—

(1) (A) for whom, as of the date on which the individual seeks coverage under this section, the aggregate of the periods of creditable coverage (as defined in section 2701(c) [42 USCS § 300gg(c)]) is 18 or more months and (B) whose most recent prior creditable coverage was under a group health plan, governmental plan, or church plan (or health insurance coverage offered in connection with any such plan);

(2) who is not eligible for coverage under (A) a group health plan, (B) part A or part B of title XVIII of the Social

Security Act [42 USCS §§ 1395c et seq. or 1395j et seq.], or (C) a State plan under title XIX of such Act [42 USCS §§ 1396 et seq.] (or any successor program), and does not have other health insurance coverage;

(3) with respect to whom the most recent coverage within the coverage period described in paragraph (1)(A) was not terminated based on a factor described in paragraph (1) or (2) of section 2712(b) [42 USCS § 300gg-12(b)] (relating to nonpayment of premiums or fraud);

(4) if the individual had been offered the option of continuation coverage under a COBRA continuation provision or under a similar State program, who elected such coverage; and

(5) who, if the individual elected such continuation coverage, has exhausted such continuation coverage under such provision or program.

**42 USCS § 300gg-41**

(b) **Eligible individual defined.** In this part [42 USCS §§ 300gg-41 et seq.], the term “eligible individual” means an individual—

- (1) (A) for whom, as of the date on which the individual seeks coverage under this section, the aggregate of the periods of creditable coverage (as defined in section 2701(c) [42 USCS § 300gg(c)]) is 18 or more months and (B) whose most recent prior creditable coverage was under a group health plan, governmental plan, or church plan (or health insurance coverage offered in connection with any such plan);
- (2) who is not eligible for coverage under (A) a group health plan, (B) part A or part B of title XVIII of the Social Security Act [42 USCS §§ 1395c et seq. or 1395j et seq.], or (C) a State plan under title XIX of such Act [42 USCS §§ 1396 et seq.] (or any successor program), and does not have other health insurance coverage;
- (3) with respect to whom the most recent coverage within the coverage period described in paragraph (1)(A) was not terminated based on a factor described in paragraph (1) or (2) of section 2712(b) [42 USCS § 300gg-12(b)] (relating to nonpayment of premiums or fraud);
- (4) if the individual had been offered the option of continuation coverage under a COBRA continuation provision or under a similar State program, who elected such coverage; and
- (5) who, if the individual elected such continuation coverage, has exhausted such continuation coverage under such provision or program.

**RCW 48.43.018****Requirement to complete the standard health questionnaire — Exemptions — Results.**

- (1) Except as provided in (a) through (e) of this subsection, a health carrier may require any person applying for an individual health benefit plan to complete the standard health questionnaire designated under chapter 48.41 RCW.
  - (a) If a person is seeking an individual health benefit plan due to his or her change of residence from one geographic area in Washington State to another geographic area in Washington State where his or her current health plan is not offered, completion of the standard health questionnaire shall not be a condition of coverage if application for coverage is made within 90 days of relocation.
  - (b) If a person is seeking an individual health benefit plan:
    - (i) Because a health care provider with whom he or she has an established care relationship and from whom he or she has received treatment within the past 12 months is no longer part of the carrier’s provider network under his or her existing Washington individual health benefit plan; and



- (ii) His or her health care provider is part of another carrier's provider network; and
- (iii) Application for a health benefit plan under that carrier's provider network individual coverage is made within 90 days of his or her provider leaving the previous carrier's provider network; then completion of the standard health questionnaire shall not be a condition of coverage.
- (c) If a person is seeking an individual health benefit plan due to his or her having exhausted continuation coverage provided under 29 U.S.C. Sec. 1161 et seq., completion of the standard health questionnaire shall not be a condition of coverage if application for coverage is made within 90 days of exhaustion of continuation coverage. A health carrier shall accept an application without a standard health questionnaire from a person currently covered by such continuation coverage if application is made within ninety days prior to the date the continuation coverage would be exhausted and the effective date of the individual coverage applied for is the date the continuation coverage would be exhausted, or within 90 days thereafter.
- (d) If a person is seeking an individual health benefit plan due to his or her having receiving notice that his or her coverage under a conversion contract is discontinued, completion of the standard health questionnaire shall not be a condition of coverage if application for coverage is made within 90 days of discontinuation of eligibility under the conversion contract. A health carrier shall accept an application without a standard health questionnaire from a person currently covered by such conversion contract if application is made within 90 days prior to the date eligibility under the conversion contract would be discontinued and the effective date of the individual coverage applied for is the date eligibility under the conversion contract would be discontinued, or within 90 days thereafter.
- (e) If a person is seeking an individual health benefit plan and, but for the number of persons employed by his or her employer, would have qualified for continuation coverage provided under 29 U.S.C. Sec. 1161 et seq., completion of the standard health questionnaire shall not be a condition of coverage if:
  - (i) Application for coverage is made within 90 days of a qualifying event as defined in 29 U.S.C. Sec. 1163; and
  - (ii) the person had at least 24 months of continuous group coverage immediately prior to the qualifying event. A health carrier shall accept an application without a standard health questionnaire from a person with at least 24 months of continuous group coverage if application is made no more than 90 days prior to the date of a qualifying event and the effective date of the individual coverage applied for is the date of the qualifying event, or within 90 days thereafter.



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